

State of New Jersey  
Department of Law & Public Safety  
**Division of Highway Traffic Safety**  
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**Drunk Driving Enforcement Fund Application**  
**N.J.S.A. 39:4-50.8 /N.J.A.C. 13:86**

Law Enforcement Agency and Address:

Funding currently available:

2004 Surcharge Funds: \$ \_\_\_\_\_

2004 Bottle Tax Funds: \$ included w/surcharge funds

Prior Unclaimed Funds: \$ \_\_\_\_\_

County: \_\_\_\_\_

**Total Funds Available:** \$ \_\_\_\_\_

**Proposed Drunk Driving Enforcement Fund Expenditures**

**PRIMARY - MANDATORY:**

(a minimum of 50 percent of total available funds, DHTS approval not required)

1. Officer overtime salaries for DWI patrols or checkpoints: \$ \_\_\_\_\_

**OPTIONAL:**

(DHTS approval not required)

2. Salaries for overtime court appearances of law enforcement office required in connection with prosecution of violation of 39:4-50: \$ \_\_\_\_\_

3. Audio visual equipment and supplies used to document and preserve evidence of Enforcement of 39:4-50: \$ \_\_\_\_\_

4. Breath testing instruments and supplies approved by the Attorney General pursuant to N.J.A.C. 13:51-3.1: \$ \_\_\_\_\_

5. Blood Test Kits: \$ \_\_\_\_\_

6. Safety equipment needed to conduct DWI Checkpoints for Enforcement of 39:4-50 (cones, flares, lighting, reflectorized vests): \$ \_\_\_\_\_

**OTHER EXPENDITURE:**

(DHTS approval required)

7. Request to expend funds for time or equipment not listed above: \$ \_\_\_\_\_  
Funds expended must enhance the enforcement of 39:4-50.  
Justification must be attached. Approval on a case by case basis.

**Total DDEF Proposal (1-7) \$ \_\_\_\_\_**

## Anticipated Supplemental Budget Information

### 1. Overtime Salaries

Planned Enforcement Activities (check all that apply)

☐ DWI Patrols

\_\_\_\_\_ Officers @ \$ \_\_\_\_\_ Max. / Hour

\_\_\_\_\_ Hours Per Shift

☐ Court Time

☐ Check Points

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### 2. Audio Visual Equipment

Make \_\_\_\_\_ Model \_\_\_\_\_

Number of Units \_\_\_\_\_ Price/Unit \$ \_\_\_\_\_ Tapes \$ \_\_\_\_\_

Other \_\_\_\_\_ Cost \$ \_\_\_\_\_

**Total \$** \_\_\_\_\_

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### 3. Breathalyzer Unit & Supplies

Make \_\_\_\_\_ Cost/Unit \$ \_\_\_\_\_

Repair Costs \_\_\_\_\_ Supplies \_\_\_\_\_

**Total \$** \_\_\_\_\_

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### 4. Blood Testing Kits

Cost/Kit \$ \_\_\_\_\_ Times \_\_\_\_\_ Kits =

**Total \$** \_\_\_\_\_

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### 5. Checkpoint Safety Equipment

Flares \$ \_\_\_\_\_ Cones \$ \_\_\_\_\_ Signs \$ \_\_\_\_\_ Lights \$ \_\_\_\_\_

Reflectorized Clothing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**Total \$** \_\_\_\_\_

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### 6. Justification For Time Or Equipment Other Than That Above.

**Total \$** \_\_\_\_\_

Governmental Agency Type:      ☐ State                      ☐ County                      ☐ Municipal

By signing this application, the undersigned certify that all information submitted here is true and accurate to the best of their knowledge and that this agency will deposit all grant monies in a separate account dedicated exclusively to its DDEF program as required by N.J.A.C. 13:86-5.6(c), expend all monies received in accordance with the rules set forth at N.J.A.C. 13:85-2.3, and comply with all other rules in N.J.A.C. 13:86 and any special conditions attached to the award pursuant to N.J.A.C. 13:86-2.6(b).

Is the Expenditures of previous SFYGrant Monies Report completed?    ☐ YES            ☐ NO  
(Required by N.J.A.C. 13:86-2.6(a)) (page 4)

### 1. Project Director:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Signature: \_\_\_\_\_

## 2. Financial Director:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Signature: \_\_\_\_\_

### 3. Authorizing Official:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Signature: \_\_\_\_\_

4. Between 7/1/03 and 6/30/04, our agency received \$ \_\_\_\_\_

and expended (from page 4) \$ \_\_\_\_\_

5. Approval This Grant Amount \$ \_\_\_\_\_

Paul F. Groffie  
DDEF Coordinator

Date \_\_\_\_\_

Roberto Rodriguez  
DHTS Director

Date \_\_\_\_\_

**Expenditure of Previous SFY Grant Monies Report**  
**July 1, 2003 Through June 30, 2004**

Project Director's Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Number of Drunk Driving convictions for the 12 month period: \_\_\_\_\_

Number of Drunk Driving summonses written for this period: \_\_\_\_\_

**1. Primary - Mandatory 50% overtime patrol or checkpoint salary detail.**

a. Total overtime man hours of Patrol activity: \_\_\_\_\_

b. Total number of checkpoints held: \_\_\_\_\_

c. Total overtime man hours of checkpoint activity: \_\_\_\_\_

d. Total overtime salaries paid \$ \_\_\_\_\_

**2. Optional Primary**

a. Overtime court salaries for DWI/DRE officer testimony  
\_\_\_\_\_ Hours worked @ \$ \_\_\_\_\_ per hour = \$ \_\_\_\_\_

b. Audio Visual equipment and accessory costs \$ \_\_\_\_\_

c. Breathalyzer Unit purchases and supplies or repairs \$ \_\_\_\_\_

d. Blood Testing Kits and accessories \$ \_\_\_\_\_

e. Checkpoint equipment \$ \_\_\_\_\_

**TOTAL Optional Primary** \$ \_\_\_\_\_

**3. Other Funding (Previous Approval Required)**

Describe the goal of the task and how it was met. (ex: Education Programs at Schools or Civic Groups, Seminars or Training, etc. If additional space is needed please attach separate sheets)

Total Salaries: \$ \_\_\_\_\_

Total Purchases: \$ \_\_\_\_\_

Total Other Funding: \$ \_\_\_\_\_

**DDEF Program Expenditures** \$ \_\_\_\_\_

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Supporting documentation not previously submitted is required under N.J.A.C. 13:86-2.5(b) from an entity receiving a grant from the DDE Fund. This documentation should prove overtime salaries were paid to a law enforcement officer working DWI patrols or checkpoints, or required court time for enforcing or convicting for 39:4-50. Purchase documents for authorized equipment, other items or activities must also be included. Acceptable documentation is outlined in the DDEF Summary. The undersigned certify that the information contained on this form is true and accurate to the best of our knowledge.

\_\_\_\_\_  
Financial Director

\_\_\_\_\_  
Date